

ENLISTED PERSONNEL ACTION REQUEST

FROM:

TO:

DATE (DDMMYY):	SSN:
RATE/RATING:	NEC (PRI/SEC):
DUTY PHONE:	HOME PHONE:
CCC E-MAIL:	
MEMBERS E-MAIL:	

REQUESTED ACTION	REASON FOR SUBMISSION: <input type="checkbox"/> Change of Retirement Date/ PERS-823/Detailer <input type="checkbox"/> Lateral Conversion Request/ PERS-814/Detailer <input type="checkbox"/> SCORE Request <input type="checkbox"/> Conversion/Detailer/PERS-8 <input type="checkbox"/> Language(s)/Detailer <input type="checkbox"/> Special Programs/Rating Assignment Detailer/PERS-4010 <input type="checkbox"/> Extension Request/Detailer <input type="checkbox"/> PRD Change Request/Detailer <input type="checkbox"/> Spouse Collocation/Members Detailer/Spouses Detailer (Navy Only) <input type="checkbox"/> HYT Waiver/Detailer/PERS-814 <input type="checkbox"/> School/Detailer <input type="checkbox"/> Swaps/Members Detailers/Swaps Detailers (one each command) <input type="checkbox"/> Split Tours/Detailer <input type="checkbox"/> Other/As Applicable							
	REMARKS OR OTHER (Remarks are limited to 150 characters):							
MILITARY SPOUSE	SPOUSES SSN:		SPOUSE SERVICE COMPONENT: <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> RESERVE <input type="checkbox"/> REGULAR			SPOUSE DUTY AFFILIATION: <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE		
	BRANCH OF SERVICE: <input type="checkbox"/> USA <input type="checkbox"/> USMC <input type="checkbox"/> PUBLIC HEALTH SERVICE <input type="checkbox"/> USAF <input type="checkbox"/> USCG <input type="checkbox"/> NATIONAL OCEANIC & ATMOSPHERIC ADMINISTRATION <input type="checkbox"/> USN					MILITARY PERSONNEL CLASS: <input type="checkbox"/> CADET/MIDSHIPMAN <input type="checkbox"/> WARRANT OFFICER <input type="checkbox"/> ENLISTED <input type="checkbox"/> OFFICER		
	DATE AVAILABLE (MMYYYY): Earliest: Latest:		GENDER (M/F):		ADSD:		PRD:	
INDIVIDUAL'S OFFICIAL DATA	NO. OF DEPENDANTS:		LOCATION OF DEPENDANTS (City, State/Country):				EDUCATION (Highest earned):	
			LOCATION OF HOUSE HOLD GOODS (City, State/Country):				<input type="checkbox"/> GED <input type="checkbox"/> MASTERS <input type="checkbox"/> HS DIPLOMA <input type="checkbox"/> DOCTORATE <input type="checkbox"/> PROGRESSING EDUCATION <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> BACHELORS DEGREE IN:	
	EVAL/Fitrep	Block 33	Block 34	Block 35	Block 36	Block 37	Block 38	Block 39
	Most recent							
	2 nd							
	3 rd							
	MOST RECENT/Promotion Recommendation: <input type="checkbox"/> NOB <input type="checkbox"/> Promotable <input type="checkbox"/> Significant Problems <input type="checkbox"/> Must Promote <input type="checkbox"/> Progressing <input type="checkbox"/> Early Promote Retention: Not Recommended <input type="checkbox"/> Recommended <input type="checkbox"/>			2 nd /Promotion Recommendation: <input type="checkbox"/> NOB <input type="checkbox"/> Promotable <input type="checkbox"/> Significant Problems <input type="checkbox"/> Must Promote <input type="checkbox"/> Progressing <input type="checkbox"/> Early Promote Retention: Not Recommended <input type="checkbox"/> Recommended <input type="checkbox"/>			3 rd /Promotion Recommendation: <input type="checkbox"/> NOB <input type="checkbox"/> Promotable <input type="checkbox"/> Significant Problems <input type="checkbox"/> Must Promote <input type="checkbox"/> Progressing <input type="checkbox"/> Early Promote Retention: Not Recommended <input type="checkbox"/> Recommended <input type="checkbox"/>	
	<input type="checkbox"/> YES <input type="checkbox"/> NO HAS CLEAR RECORD (NO NJP) FOR PAST ____ YEARS AS REQUIRED							
	<input type="checkbox"/> YES <input type="checkbox"/> NO MEETS SECURITY CLEARANCE REQUIREMENTS <input type="checkbox"/> N/A							
	PRIVACY ACT STATEMENT: The authority to request this information is contained in 5 USC 301 Departmental Regulations and from E.O. 9397. The principal purpose of the information is to enable you to make known your desires for the various types of duty listed, or some other special assignment consideration. The information will be used to assist officials and employees of the Department of the Navy in determining your future duty assignment. Completion of the form is mandatory except for duty and home phone numbers; failure to provide information may result in delay in response to or disapproval of your request.							
COMMANDER'S ENDORSEMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO RECOMMENDED		Command UIC:					
	COMMENTS (Limit comments to 250 characters):							
	Signature of Commanding Officer:						Title:	